



STREET USE APPLICATION

Event: 21ST ANNUAL ST. JOE'S RUN/WALK

Sponsored by: PACESETTER'S - FOX CITIES

Responsible Person: NED HUGHES - RACE DIRECTOR

Address: P.O. BOX 681
MENASHA, WI. 54952

Email Address: RUNNEDRUN@HOTMAIL.COM Phone: 920-475-7116

Street Route: 5K (3.1 MILES) RUN/WALK COURSE!

Description of Use (attach map)

Street Use Date:	<u>10/11/2014</u>
Start Time:	<u>8:00AM</u>
End Time:	<u>10:00AM</u>
Number of Units:	<u>558 (2013)</u>
(Parades)	<u>PROTECTED 500-700</u>

Liability Insurance has been secured in the amount of \$ 1,000,000.00 with the City of Menasha named as the additional insured. This is primary insurance.

Insurance Company: NATIONAL CASUALTY COMPANY Policy No. KRO-000000-3937500

(Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

Date: June 29 2014 Applicant's Signature: Ned Hughes

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of \$25.00 along with a Special Event Fee of \$25.00. Please make checks payable to City of Menasha.

Note to events planning to use City Parks and/or greenspace: Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised February 4, 2013)

Scheduled Park & Recreation Board Review Date: _____

Not Required: Approved: _____ Denied: _____

Scheduled Common Council Review Date: 8-18-14

Approved: _____ Denied: _____

APPROVAL:

Police Dept. [Signature] Fire Dept. [Signature] Public Works Dept. MR City Attorney AC

ST. JOE'S 5K RUN/WALK COURSE MAP

Runners/Walkers Important Information Regarding The Friendship Trestle Trail Segment of The 5K (3.1 Miles) Run/Walk Course:

1. As the 5K course is laid out as an out and back... orange cones will be placed down the middle (in the center) of the trail segment of the course!
2. On the trail... runners and walkers stay to your right (except to pass)
3. On the trail... runners and walkers pass only on your left!
4. On the trail... runners... as you approach walkers or other runners from behind to pass... please call out... "Runner..." passing on your left!"
5. On the trail... walkers... please no more than two walkers walking abreast (side by side) at all times!

Other Important 5K Run/Walk Information:

1. Traffic Control... the City of Menasha Police will be directing traffic at three intersections on the street part of the course:
Intersection #1: Main Street/Milwaukee Street
Intersection #2: Broad Street/Milwaukee Street
Intersection #3: Broad Street/Tayco Street
2. Course Marshalls will be stationed at every street intersection on the course and at strategic locations on The Friendship Trestle Trail!
3. Tall mile marker cones (with a large mile marker number printed on each) will be positioned at mile markers 1, 2, and 3! MM means mile marker.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/27/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825		CONTACT NAME: Judy Weaver PHONE (A/C, No, Ext): (260) 467-5697 FAX (A/C, No): (260) 467-5651 E-MAIL ADDRESS: judy.weaver@starfinancial.com	
INSURED Road Runners Club of America/2014 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 11991 66869

COVERAGES **CERTIFICATE NUMBER:** 2014 - \$1M A.I. **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	KRO 000000 3937500	12/31/2013	12/31/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ UNLIMITED PRODUCTS - COMP/OP AGG \$ 1,000,000 ABUSE & MOLESTATION \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		KRO 000000 3937500	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	EXCESS MEDICAL & ACCIDENT (\$250 DEDUCTIBLE/CLAIM)		SPX 00000 26139600	12/31/2013	12/31/2014	EXCESS MEDICAL \$10,000 AD & SPECIFIC LOSS \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Menasha, its officers, agents & employees are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT: 10/11/14 21st Annual St. Joe's 5K Run/Walk for the Saint Joseph Food Pantry Program headquartered in Menasha, WI INSURED CLUB/EVENT MEMBER: Pacesetter's Running Club, attn: Ned Hughes; P.O. Box 681, Menasha, WI 54952

CERTIFICATE HOLDER

10/11/14 City of Menasha, WI
 Attachment: PCN 0284, CG2012 & KRGL79
 Department of Public Works
 140 Main Street
 menasha, WI 54952

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 John Lefever/MMA

National Casualty Company

**ENDORSEMENT
NO. 0000**

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. @ STANDARD TIME)	NAMED INSURED	AGENT NO.
KR00000003937500	12/31/13	ROAD RUNNERS CLUB OF AMERICA AND ITS	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CONDITIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The **Other Insurance** condition of this Coverage Part is replaced by the provision marked below with an "X" in the box:

Other Insurance

If other valid and collectible insurance with any other insurer including any formal self-insured retention programs is available to you covering a loss also covered by this Coverage Part, other than insurance that is in excess of the insurance afforded by this Coverage Part, the insurance afforded by this Coverage Part shall be in excess of and shall not contribute with such other insurance. Nothing herein shall be construed to make this insurance subject to the terms, conditions and limitations of other insurance.

Coverage afforded under this Coverage Part is primary insurance and Other Insurance shall not apply as respects

AS REQUIRED BY CONTRACT FOR OWNERS/LESSORS OF PREMISES ONLY.

as additional insureds.

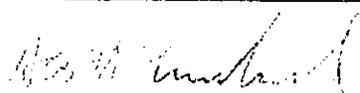
The **Cancellation** condition of this Coverage Part is amended by the addition of the following if an "X" is in the box:

Cancellation

The following is added: It is a condition of the Policy by this Endorsement that the Policy will not be cancelled without 30 days' prior written notice to:

'SEE BELOW and further, that the person(s) named above are not liable for the payment of any premiums or assessments on this Policy.

'ANY ENTITY ON FILE WITH THE COMPANY THAT REQUIRES PRIOR NOTICE THROUGH WRITTEN CONTRACT PERMIT OR AGREEMENT.



AUTHORIZED REPRESENTATIVE

12/31/13
DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR
SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following.

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

CITY OF MENASHA, ITS OFFICERS, AGENTS & EMPLOYEES

Club: Pacemaker's Running Club
Event: 21st Annual St. Joe's 5K Run/Walk
Date: 10/11/14

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

Policy Change
Number 0284

GU 269
(11-86)

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IL 12 01 11 85

POLICY CHANGES

POLICY NO. KRO0000003937500	POLICY CHANGES EFFECTIVE 10/11/14	COMPANY NATIONAL CASUALTY COMPANY
NAMED INSURED ROAD RUNNERS CLUB OF AMERICA AND ITS		AUTHORIZED REPRESENTATIVE K&K INSURANCE AGENCY, INC.
COVERAGE PARTS AFFECTED Commercial General Liability		PAGE 01 OF 01
CHANGES		
Form Number: CG2012 "Additional Insured-State or Governmental Agency or Subdivision or Political Subdivision-Permits or Authorizations"		
<input checked="" type="checkbox"/> Add Form To Include Additional Insured Below:		
CITY OF MENASHA, ITS OFFICERS, AGENTS & EMPLOYEES		
Club: Pacesetter's Running Club Event: 21st Annual St. Joe's 5K Run/Walk Date: 10/11/14		
No Premium Change		

NLS 06/27/14



Authorized Representative Signature